National NAGPRA

Native American Graves Protection and Repatriation Act FY 2008 Grant Proposal

Please read the **Grant Guidelines** carefully before completing this form. Electronic versions of the guidelines and this application form are available by contacting the National NAGPRA Program at (202) 354-2203, or via e-mail at **NAGPRA_Grants@nps.gov**. The guidelines and application forms are also available on-line at **www.nps.gov/history/nagpra/GRANTS**.

SECTION 1. PROJECT INFORMATION

A.   **Type of Grant Proposal:** *(Check one only)*

      _____   1.   Tribal Applicant—Consultation/Documentation Award (not to exceed $75,000)

      _____   2.   Tribal Applicant—Repatriation Award (not to exceed $15,000)

      _____   3.   Museum Applicant—Consultation/Documentation Award (not to exceed $75,000)

      _____   4.   Museum Applicant—Repatriation Award (not to exceed $15,000)

B.   **Project Summary:** Briefly summarize your project in the space provided in an abstract of up to 150 words. Use a print size that is large enough to read comfortably (12 point is recommended).

C.   **Native American Collection:**
     (**Museum Applicants Only –** provide approximate numbers for items in the following categories)

_____ Total number of items in your Native American collection.

_____ Number of Indian tribes, Alaska Native villages or corporations, or Native Hawaiian organizations possibly affiliated with items in your collection.

_____ Number of Native American human remains in your possession or control (specify if these are individual bones or sets of remains).

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D. Project Authorizer: **This person also signs the SF-424.**

Name:

_____

Title:

_____

Form of Address: Mr./Mrs./Ms./Dr.   E-Mail Address: _____

Address:

_____

_____

Telephone: (   )   -   Fax: (   )   -

E.   **Project Director:** Who will be responsible for the overall supervision and management of the grant?

Name:

_____

Title:

_____

Form of Address: Mr./Mrs./Ms./Dr.   E-Mail Address: _____

Address:

_____

_____

Telephone: (   )   -   Fax: (   )   -

F.   **Fiscal Management:** Who will be responsible for the fiscal management of the grant?

Name:

_____

Title:

_____

Form of Address: Mr./Mrs./Ms./Dr.   E-Mail Address: _____

Address:

_____

_____

Telephone: (   )   -   Fax: (   )   -

SECTION 2. PROJECT DESCRIPTION

All applicants must submit narrative responses to each of the questions in Section 2, A through D, on the following pages. Read through all the questions first, and then respond to each question in the space allotted. Do not exceed page limits. Use a print size that is large enough to read comfortably (12 point is recommended).

A.   **GRANT OBJECTIVES.** What are the objectives of this project? What will the deliverables be? Be specific. What is the ultimate desired achievement? Explain how these achievements are consistent with NAGPRA goals? (Up to 200 words)

SECTION 2. PROJECT DESCRIPTION (CONTINUED)

B.   **PROJECT ACTIVITIES.** Describe the activities that the participants will carry out, and how the activities support the grant objectives. How will the activities be assessed and monitored? Be specific.

C. **PERSONNEL QUALIFICATIONS.** Who will carry out the Project Activities? List all project personnel, including consultants. Describe their responsibilities and the amount of time each will dedicate to the project. If particular individuals have already been identified to participate in the project, briefly describe how their experience and qualifications are appropriate to successfully achieve the stated objectives. If you plan to hire new personnel or consultant(s), describe the criteria that will be used to competitively select these individuals or services. **In addition, attach <u>brief</u> resumes for project personnel (or position descriptions for personnel still to be chosen) in Section 6.**

D.   **SCHEDULE OF COMPLETION.**   All applicants must submit a schedule for completing each project activity discussed in the Project Description. The project schedule may cover up to 18 months. The schedule should quantify incremental points of completion (for example, "In month six, the database will be 80% completed.")

SECTION 3. BUDGET

Each cost item should clearly show how the total charge for that item was determined. If more space is needed, please follow the budget format on a separate sheet of paper. All major costs should be listed in budget categories similar to those listed below, and all cost items should be explained in the Budget Summary and Justification (Section 4). The grant writer and the grant administrator should be working in consultation so that items are correctly itemized.

A. SALARIES AND WAGES. Provide the names and/or titles of key project personnel.						
Name/Title of Position	Full Time Monthly Salary	% FTE	No. of Months	Grant Funds	Match / Cost Share (if any)	Total
	$			$	$	$
	$			$	$	$
	$			$	$	$
	$			$	$	$
	$			$	$	$
Subtotal				$	$	$

B. FRINGE BENEFITS. If more than one rate is used, list each rate and the wage or salary base.				
Rate	Salary or Wage Base	Grant Funds	Match / Cost Share (if any)	Total
% of	$	$	$	$
% of	$	$	$	$
% of	$	$	$	$
% of	$	$	$	$
Subtotal		$	$	$

C. CONSULTANT FEES. This should include payments for professional and technical consultants, and stipends for elders participating in the project.					
Name and type of Consultant	# of Days	Daily Rate of Compensation	Grant Funds	Match / Cost Share (if any)	Total
		$	$	$	$
		$	$	$	$
		$	$	$	$
		$	$	$	$
		$	$	$	$
Subtotal			$	$	$

D. TRAVEL AND PER DIEM. For each trip, indicate the number of persons traveling, the total days they will be in travel status, and the total subsistence and transportation costs for that trip. Per diem rates shall not exceed maximum Federal rates. To view current Federal per diem rates, visit http://www.gsa.gov/Portal/gsa/ep/channelView.do?pageTypeId=8203&channelId=-15943 and follow the links to per diem information.

From/To	No. of People	No. of Travel Days	Per diem (lodging and meals) per person per day	Total per diem (lodging and meals) for this trip	Transportation costs (airfare and mileage) per person	**Total transportation costs** (airfare and mileage) **for this trip**	Grant Funds	Match / Cost Share (if any)	Total
			$	$	$	$	$	$	$
			$	$	$	$	$	$	$
			$	$	$	$	$	$	$
			$	$	$	$	$	$	$
			$	$	$	$	$	$	$
			$	$	$	$	$	$	$
			$	$	$	$	$	$	$
			$	$	$	$	$	$	$
			$	$	$	$	$	$	$
Subtotal							$	$	$

E. SUPPLIES AND MATERIALS. Include consumable supplies and materials to be used in the project, listing each item and quantity individually. "Office supplies" is not an acceptable line item. Include items of expendable equipment, i.e., equipment costing less than $500 or with an estimated useful life of less than two years. Equipment costing more than that should be listed in the Other Costs category (Category G, below).

Item	# of items	Cost	Grant Funds	Match / Cost Share (if any)	Total
			$	$	$
			$	$	$
			$	$	$
			$	$	$
			$	$	$
			$	$	$
Subtotal			$	$	$

F. SERVICES. This should include the cost of duplication and printing, long distance telephone calls, equipment rental, postage, and other services not previously listed.

Item	Method of Computation	Grant Funds	Match / Cost Share (if any)	Total
		$	$	$
		$	$	$
		$	$	$
		$	$	$
Subtotal		$	$	$

G. OTHER COSTS. List stipends, equipment items in excess of $500, and other items not previously listed. Note that equipment items worth less than $500 or that have a useful life of less than 2 years must be listed in the Supplies and Materials category. "Miscellaneous," "overhead," and "contingency" are not acceptable line items.

Item	Cost	Grant Funds	Match / Cost Share (if any)	Total
	$	$	$	$
	$	$	$	$
	$	$	$	$
	$	$	$	$
	$	$	$	$
Subtotal	$	$		$

H. INDIRECT COSTS. If indirect costs will be charged to the grant, complete the table below with your current approved indirect cost rate and the direct costs it will be applied to. Copies of your most recent indirect cost rate must be attached if indirect costs will be requested. Only indirect costs up to 25% of the grant may be charged to the grant. *

* The Direct Costs from sections A -- F to which the indirect cost rate applies	Current Approved Indirect Cost Rate Percentage (%)	Indirect Cost Rate Total	Indirect Cost Rate Amount Charged to Grant
$		$	$

* NOTE: Indirect costs may be applied only to eligible direct costs in accordance with your approved rate. Most indirect cost rates exclude contracts or pass-through funds above a certain amount. Please check your rate and apply it accordingly.

SECTION 4. BUDGET SUMMARY AND JUSTIFICATION

BUDGET SUMMARY			
Category	Grant Funds	Match / Cost Share (if any)	Total
A. **Salaries and Wages**	$	$	$
B. **Fringe Benefits**	$	$	$
C. **Consultant Fees**	$	$	$
D. **Travel and Per Diem**	$	$	$
E. **Supplies and Materials**	$	$	$
F. **Services**	$	$	$
G. **Other Costs**	$	$	$
H. **Indirect Costs**	$	$	$
TOTAL PROJECT COSTS	$	$	$

Budget Justification. In the space below, provide a brief <u>narrative justification</u> of all cost items, including matching funds, listed in the budget. Be specific and explain why these items are necessary to accomplish the grant objectives. If the project involves travel costs, include a brief summary of each trip (for example, Project Director and two tribal elders will fly from Hometown to Someplace and stay three days to examine Someplace Museum's collection). If purchasing or renting computer equipment or other large budget items, justify their necessity and provide cost quotes for each such item. **Use an additional sheet, if necessary**.
<u>Note</u>: **Activities involving Smithsonian Institution museums are not eligible for funding under NAGPRA grants.**

SECTION 5. STATUS OF CURRENT OR RECENT NAGPRA GRANT(S)

Please indicate whether or not the Tribe or Museum has a current or recent NAGPRA Grant.

      _____   1.   No. We do not currently have a NAGPRA Grant, nor did we complete a NAGPRA grant in the past five years.

      _____   2.   Yes. We currently have a NAGPRA Grant.

      _____   3.   Yes. We completed a NAGPRA Grant within the past five years.

If you answered "yes," to any of the above, list each grant number and provide an overview of each grant's activities and accomplishments. Specifically, did the grant result in any repatriation claim letters, Notices of Inventory Completion, Notices of Intent to Repatriate, or completed repatriations? If additional space is needed, attach no more than one page.

SECTION 6.   SUPPORTING DOCUMENTS

All applicants must submit certain documents in support of the project proposal. Supporting documents should be attached to the application form in the order listed.

A.   Tribal Resolution confirming support for the application and authorizing implementation of the grant project, if funded. (For Tribes only)

B.   Letters of commitment from Indian tribes, Alaska Native villages or corporations, or Native Hawaiian organizations that will participate in the proposed project, stating specific responsibilities. If travel to or from Indian tribal communities is planned, commitment letters from these tribes are required.

C.   Letters of commitment from museums that will participate in the project, stating specific responsibilities. If travel to museums is planned, commitment letters from these museums are required.

D.   Brief resumes (lengthy vitae or publication lists should not be submitted) for all project personnel or detailed positions descriptions and search criteria if personnel have not yet been chosen. A competitive selection process must be documented for hiring of personnel.

E.   Letters of commitment from project consultants, if they have been selected.

F.   Cost estimates for equipment to be purchased (for both "Grant Funds" and "Match/Cost Share").

SECTION 7. CURRENT INDIRECT COST RATE AGREEMENT

If indirect costs will be claimed from the grant, attach six copies of the letter from the cognizant Federal agency approving the rate to be used and the period for which the rate is approved.

SECTION 8. APPLICANT'S MOST RECENT AUDITOR'S REPORT LETTER

Attach one (1) copy of the letter that accompanies your most recent Independent Auditor's Report.